Addressing Barriers to Quitting

Barriers to Tobacco Cessation

The prevalence of tobacco use among people with diabetes is not significantly different from that of the population at large, in spite of the greater risks of tobacco use among this group. Moreover, "the minimal information available specifically on diabetic smokers suggests that they may fare less well (at tobacco cessation) than non-diabetic smokers."[6] There could be several explanations for this phenomenon.

In a study of patients' beliefs about diabetes self-management, it was found that avoiding tobacco is perceived as less important than avoiding sweets, limiting alcohol consumption, and several other health behaviors. In addition to the perceived low priority of tobacco cessation among patients with diabetes, these patients may be inhibited from tobacco cessation by concerns about weight gain. Research has shown that smokers with diabetes view smoking as a form of weight control. People with diabetes also have a high prevalence of depression, which has been proven to reduce the success of tobacco cessation.[7]

Guidelines for Reducing Barriers

- ☑ Optimize successful cessation by ensuring that the patient receives intensive counseling and pharmacotherapies (if appropriate).
- ☑ Tailor your message to stress the specific role of tobacco in diabetes complications.
- ☑ Help your patient plan for and limit weight gain.
- ☑ Look for and treat depression. Also, help the patient find safe, tobacco-free coping methods to deal with diabetes-related stressors.[8]

References:
[6]American Diabetes Association. (2000). Smoking and diabetes. *Diabetes Care* 23(1), 93-94.
[7]Haire-Joshua D, Glasgow RE, Tibbs TL. (1999). Smoking and diabetes. *Diabetes Care* 22(1), 1887-1898.
[8]Diabetes Prevention and Control Program, Utah Department of Health & Utah Tobacco Prevention and Control Program. (2003). *Helping patients with diabetes quit using tobacco.*

Smoking has severe effects on diabetes.